PTO/SB/08 (08-03)
Approved for use through 7/31/2006, OMB 0651-0032
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	PAI	ENT APPLIC		te for Form PTC				10/	ion or Docket Nu	89	
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED NUMBER EXTRA			RATE	FEE		RATE	FEE				
BASIC FEE (37 CFR 1.16(a))					295	OR		.790			
TOTAL CLAIMS (37 CFR 1.15(c)) minus 20 = *			x + 25=		OR	x,50 =					
NDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = '			x :/00 =	_	OR	x s 200 =					
TI US	TIPLE DEPENDE	NT CLAIM PRESEN	п (37 CFR 1.16(d))		+,80 .		OR	+:360=		
* if the difference in column 1 is less than zero, enter "O" in column 2.					 ≥.	TOTAL		OR	TOTAL	·	
	CI	LAIMS AS AM	ENDED	- PART II			•				
		(Column 1)		(Column 2)	(Column 3)	SMALL E	NTITY	OR		R THAN ENTITY	
۷		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE	ADDI-	1	RATE	ADDF	
	1/31/05	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	MIE	TIONAL FEE		L. TANIE	TIONAL FEE	
ENDMENT	Total profit 1.16(d)	13	Minus	~ >@		× 25 -	1	OR	x \$.50 =		
EN I	Endependent (37 CFR 1.16(k))	· 3	Minus	- 3		x s/00 =		OR	x s 200 =		
₹	FIRST PRESENT	TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))	+1/80=		OR	+,360-		
					• •	TOTAL ADD'L FEE		OR.	TOTAL ADDIL FEE	(
		(Column 1)		(Column 2)	(Column 3)	,,			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	
8		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE	ADO}-	1	RATE	ADDI-	
Z		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		TIONAL FEE	. <u>.</u> .	12	TIONAL	
ENDMENT	Total profer 1.16(2))	•	Minus	••		x 3 25 =		OR-	# s <u>40</u> -		
盟	Independent (37 GPR 1.16(h))	•	euniM	***	•	x s 100 ±		OR	200		
ξ	FIRST PRESENT	ATION OF MULTIPL	£ DEPEND	ENT CLAIM (37 CF	∓R 1.16(d))	+ : 180 =		OR	+360	7	
						TOTAL .		OR	TOTAL ADDIL FEE		
		(Column 1)		(Column 2)	(Column 3)		· · ·				
ပ		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE	ADD1-]··· -	RATE	. ADDI:	
Ę		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	,50,6	TIONAL			TIONAL	
AMENDMENT C	Total (37 CFR 1.14(td)	•	Minus	•	•	x = 25 =		OR.	× 50		
ER	Independent (37 CFR 1,18(b))	•	Minus	•••		× 100 -		OR	x : 200 -		
¥	FIRST PRESENT	TATION OF MULTIPL	E DEPEND	ENTICLAIM (37 CF	R 1.16(d))	+180 =		OR	+ :360 =		
_	<u> </u>					TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE		

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is then highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in complating the form, call 1-800-PTO-9199 and select option 2

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								Application or Docket Number						
	PATENT.	APPLICATIO												
		Effec	•	10754389										
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN														
(Column 1) (Column 2)								E [∴ .	OR	SMALL	ENTITY .		
TO	OTAL CLAIMS	8		•		R	TE	FEE]	RATE	FEE			
FC	OR		NUMBER	FILED	NUMBER EXTRA		BAS	C FE	E 385.00	OR	BASIC FEE	770.00		
TC	OTAL CHARGE	ABLE CLAIMS	8 mir	ามร 20=	• 0		X	XS 9=		OR	XS18=			
INE	DEPENDENT C	LAIMS	2 m	inus 3 = .	. 0		×	X43=		OR	X86=	·		
MULTIPLE DEPENDENT CLAIM PRESENT									 	1~				
<u></u>			 	+1	45=		OR	+290=						
• If	the difference	TOTAL ZEG OR TOTAL												
CLAIMS AS AMENDED - PART II								OTHER THAN						
		(Column 1) (Column 2) (Column 3						ALL	ENTITY	OR	SMALL	ENTITY		
4		CLAIMS REMAINING		HIGH! NUME	BER	PRESENT	R/	TE	ADDI- TIONAL		RATE	addi- Tional		
EN		AFTER AMENDMENT		PREVIO		EXTRA			FEE		na.c.	FEE		
AMENDMENT A	Total	*	Minus	**		=	XS	9=		OR	X\$18=			
ME	independent	•	Minus	***		= .	X4	3=		OR	X86=			
5	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1			On.				
								5=	<u> </u>	OR	+290=			
								OTAL FEE		OR	TOTAL ADDIT. FEE			
		(Column 1)												
8		CLAIMS REMAINING		HIGHI NUME		PRESENT			ADDI-			ADDI-		
Z	ii.	AFTER AMENDMENT		PREVIO		EXTRA	RA	TE	TIONAL		RATE	TIONAL FEE		
AMENDMENT B	Total	*	Minus	**		=	X\$	9=	, 22	OR	X\$18=	766		
MEP	Independent	•	Minus	inus ***		= X43=		3-			X86=			
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	700-			
		+14	5 =		OR	+290=								
										OR	TOTAL ADDIT, FEE	·		
		(Column 1)	ADDIT	•==			restrict, i total							
	`	CLAIMS		(Colum	ST	(Column 3)			ADDI-			ADDI-		
5		REMAINING AFTER		NUMB PREVIO	USLY	PRESENT EXTRA	RA*	E	TIONAL		RATE	TIONAL		
E E		AMENDMENT		PAID F	OR				FEE			FEE		
Q	Total	•	Minus	**		-	X\$	9=		OR	X\$18=			
AMENDMENT C	Independent	*	Minus	ENDENT	C1 A144	-	X4:	=		OR	X86=			
	FIND! FRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						_						

The "Highest Number Previously Paid For" (Total r Independent) is the highest number found in the appropriate box in column 1.

OR

+290=

TOTAL

+145=

ADDIT. FEE

TOTAL

^{*} If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."